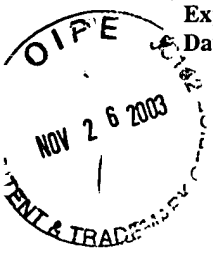


#17



Express Mail Label No.: EV328708312US

Date of Deposit: November 26, 2003

Attorney Docket No. 19374-509 (GND-09)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Farmer
SERIAL NUMBER : 09/708,870 EXAMINER : Afremova, V.
FILING DATE : November 8, 2000 ART UNIT : 1651
FOR : Inhibition of Pathogens by Probiotic Bacteria

Mail Stop Petition

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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OFFICE OF PETITIONS

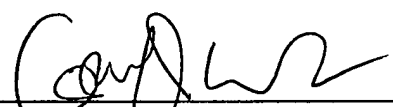
PETITION FOR EXTENSION OF TIME

Pursuant to 37 C.F.R. §1.136(a), applicants hereby petition for a four-month extension of time to respond to the May 3, 2002 Office Action in the above-identified application. A check in the amount of \$740.00, in payment of the fee required under 37 C.F.R. §1.17(a)(4), is enclosed herewith.

The Commissioner is authorized to charge any additional fees that may be due, or to credit any overpayment, to the undersigned's account, Deposit Account No. 50-0311, Ref. No. 19374-509.

Respectfully submitted,

November 26, 2003

 Reg No 49823
Ivor R. Elrifi (Registration No. 39,529)
Ingrid A. Beattie (Registration No. 42,306)
Attorneys for Applicants
c/o MINTZ, LEVIN, COHN, FERRIS,
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Tel: (617) 542-6000
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Customer No. 30623

12/01/2003 SDENBOB1 00000080 09708870

02 FC:2254 740.00 OP

Adjustment date: 12/12/2003 AKELLEY
12/01/2003 SDENBOB1 00000080 09708870
02 FC:2254 -740.00 OP

Repln. Ref: 12/12/2003 AKELLEY 0008295700
DAH:500311 Name/Number:09708870
FC: 9204 \$740.00 CR

TRA 1748665v1

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/11/03</u>		2 Serial/Patent # <u>09/708,870</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	17	11/20/03	\$ 740							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 740							
		8 TO BE REFUNDED BY:									
10 REASON:		<input checked="" type="checkbox"/> Treasury Check									
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>2</td><td>1</td><td>1</td></tr></table>			5	0	--	0	2	1	1
5	0	--	0	2	1	1					
	No Fee Due (Explanation):										
<u>Ext. of Time filed outside six (6) months</u> <u>Statutory Period for reply.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Andrea Smith</u>		TITLE: <u>Res. Exmr.</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>703/308-6711</u>									
OFFICE: <u>Off. of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>12/12/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B